



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

LEMUEL J CLANTON JR, MD
3100 TIMMONS LANE, STE 250
HOUSTON, TX 77027

Respondent Name

UNIVERSITY OF TEXAS SYSTEM

Carrier's Austin Representative Box

Box Number 46

MFDR Tracking Number

M4-12-0550-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CARRIER REFUSES TO PAY FULL AMOUNT DUE FOR SERVICES RENDERED EVEN AFTER A REQUEST FOR RECONSIDERATION WAS SUBMITTED."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Upon review, the requester was sufficiently reimbursed and no additional reimbursement is due. This carrier respectfully requests the Division dismiss this request for dispute resolution. It appears the requestor is seeking reimbursement for impairment rating of NON compensable body areas and double reimbursement of the single compensable body area. It is the carrier's position that no reimbursement is due for the NON compensable body area and reimbursement for the single body area has already been reimbursed. Therefore, no additional reimbursement is due."

Response Submitted by: Unimed Direct, P.O. Box 262001, Plano, TX 75028-2001

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 12, 2011	99456-W5-WP	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated June 14, 2011 and June 22, 2011
- 850-000 – BASED ON EXTENT OF INJURY UMD RECOMMENDS \$0.00.
- Explanation of benefits dated July 07, 2011
- W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION
 - (850-0100) – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION, UMD RECOMMENDS
- Explanation of benefits dated July 15, 2011
- W3 – (850-0100) – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION, UMD RECOMMENDS \$800.00

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement for disputed services under 28 Texas Administrative Code §134.204?

Findings

1. The respondent on the EOBs dated July 15, 2011 and July 22, 2010 lists the denial reason “850-000 – BASED ON EXTENT OF INJURY UMD RECOMMENDS \$0.00.” This denial reason is not supported upon reconsideration in later audit as an amount was paid. MFDR will review of this dispute will proceed according to applicable fee guidelines per 28 Texas Administrative Code §134.204.
2. The requestor billed the amount of \$950.00 for CPT code 99456-WP-W5 for Division ordered DD examination for Maximum Medical Improvement/Impairment Rating (MMI/IR). Review of the documentation supports that MMI was assigned and per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. The three body area/units in box 24G of the CMS-1500 area lumbar, thoracic, and right hip. These are one area (the spine and pelvis) per 28 Texas Administrative Code §134.204(j)(4)(C)(i)(I). Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), the combined MAR for an IR using Diagnosis Related Estimates (DRE) Category I method on the thoracic and lumbar (spinal region) is \$150.00. Documentation supports a Range of Motion (ROM) IR method on the right hip but as a spinal area is included within the one body area reimbursement of \$150.00. Only one compensable area (spinal) was asked to be rated. There is no dispute over extent of injury or any reason to do a multiple impairment rating. Either way, whether the carrier has accepted the rating of compensable and non-compensable areas, the combined MAR for the MMI and IR exams to what is one body area and not three is \$500.00.
3. The respondent has already reimbursed the amount of \$800.00 for the disputed CPT code 99456-W5-WP. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 27, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.